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ABSTRACT

This document defines a framework for strengthening linkages between early childhood and elementary school programs at the local, state, and regional levels. The concept of a continuum of services is central within the framework, in the belief that when service providers link together to provide continuity, the connections they establish provide smooth transitions for children and their families. In reviewing the various attempts over the past two decades to address the problem of transition to school, the document discusses the value of early intervention, the definition of horizontal and vertical continuity, and the design of a continuum of services. The document discusses each of eight elements which, together, constitute the framework and represent broad areas of concern that must be addressed to ensure continuity. These elements are: (1) shared leadership and decision making; (2) comprehensive and integrated services for children and their families; (3) education, involvement, and empowerment of families; (4) sensitivity to home culture and home language; (5) communication; (6) joint staff development (7) developmentally appropriate practice; and (8) evaluation. Indicators, levels of practice, and detailed references are given for each element. Approximately 170 references are cited. (SM)

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ED 372 817

Continuity in Early Childhood

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Elements and Indicators of Home, School, and Community Linkages

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"Work in progress" being developed by the Regional Educational Laboratories Early Childhood Collaboration Network. Fall 1993.

Continuity in Early Childhood:

Elements and Indicators of

Home, School, and Community Linkages

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The Regional Educational Laboratories Early Childhood Collaboration Network welcomes your comments, suggestions, and feedback on this draft.

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INTRODUCTION

Under sponsorship from the U.S.. Department of Education Office of Educational Research and Improvement and the U.S. Department of Health and Human Service Administration for Children, Youth, and Families, the ten Regional Educational Laboratories are attempting to strengthen linkages between early childhood and elementary school programs at the local, state, and regional levels. This project grew out of concerns about young children's transition to school shared by the U.S. Department of Health and Human Services and the U.S. Department of Education. In carrying out this work, the Regional Educational Laboratories have sought to draw together current knowledge about collaborative early childhood services and the transition to school. The information-gathering phase of the project led to two key conclusions:

- There is little consensus among researchers and policy makers about a specific and comprehensive definition of collaborative services that support young children's transition to school.

- Except for a small number of demonstration programs that either the U.S. Department of Health and Human Services or the U.S. Department of Education have sponsored, few fully developed transition programs exist in the field.

As a result of these findings, the Regional Educational Laboratories turned their attention to consolidating often divergent information about transition and collaboration in a way that makes it accessible and useful to the field.

This document represents a major outcome of the Regional Educational Laboratories' effort. It defines a framework for considering both the transition to school and linkages between early childhood and elementary school services. The concept of a continuum of services is central within the framework. When service providers link together to provide continuity, the connections they establish smooth transitions for children and their families. Continuity allows children and their families to build on the positive, supportive aspects of their experience as they make transitions. In other words, transitions become part of the ongoing experience of families, as opposed to being an interruption or an abrupt change that results in difficult adjustments. A review of the various attempts to address the problem of transition to school over the last two decades will set the stage for defining a comprehensive framework for continuity during the early childhood years. This review should give insight into the importance of a continuum of services in fostering continuity of experience for children and families, and in sustaining the benefits of early childhood services.

Sustaining Benefits of Early Intervention

Many people now believe that the early experiences of young children and the circumstances under which their families raise them greatly influence the children's later success. Clearly, studies of the long range benefits of early intervention programs support this view (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Lally, Mangione, & Honig, 1988; Lazar & Darlington, 1982). Although the research consistently shows strong long range effects of early intervention, the immediate impact of Head Start services has sometimes been found to trail off during the elementary school years. Various analyses of early intervention have led to the conclusion that the transition to school is critical. Some have concluded that if children and families face an abrupt change at the time of school entry, the adjustments they must make may overwhelm them. In contrast, if the services available at the time of school entry build on those provided during the preschool years, children and families will continue to function competently.

Policy makers and practitioners started to voice concerns about the impact of children's experiences subsequent to attending Head Start soon after the program commenced. Over the past twenty years, several national efforts have sought to increase knowledge and improve practice related to the transition from early childhood programs to school programs. The first systematic attempt to link the preschool experience with the school program came in the form of the Follow Through Program. For more than twenty years, this program has explored alternative models for carrying forward children's early childhood experience into the elementary school years. During the 1970's, Project Developmental Continuity represented another effort to investigate linkages between Head Start and school programs. And recently, National Head Start has begun to take a comprehensive look at supporting young children's transition to school through the evaluation of demonstration projects that are collaboratively run by local Head Start programs and school districts.

Linking Early Childhood with School Experience

The various efforts to link early childhood programs with elementary school programs generally focus on one critical period of development, i.e., the transition to school. This critical period has been looked upon from two perspectives. One perspective has grown out of policy makers and educators being concerned about children's readiness for school. The first national education goal, "all children will start school ready to learn," reflects this perspective. Attention to Goal One has led to an examination of what both the family and the larger community can do to prepare young children for school. It is thought that helping young children become ready for school will smooth their transition to school and establish a foundation for academic success.

In contrast to an emphasis on children's readiness, the alternative perspective places responsibility for smoothing children's transition to school on the school program. Many experts argue that schools should be ready for children. To accomplish that end, schools should provide programmatic continuity. The curriculum should be developmentally and individually appropriate, services for the families should continue, and the participation of the families in the educational program should resemble the way it was prior to school entry.

Thus, much of the discussion about school readiness has boiled down to whether children and families should be ready for school or schools for children and families. Yet each of these statements, if taken literally, oversimplifies the issue. Every aspect of the lives of young children and their families should be considered in such a discussion. Children and the families that nurture them do not develop apart from the world around them. In fact, the home, the school, and the community all contribute to the long-range success of children. Seen in this light, the question of readiness becomes less of a matter of who's ready for whom and more of a matter of everyone working together to support children and their families as they grow and become ready for the next type of service or stage of development. The idea of different services working together along a *continuum* keeps the entire life circumstances of the child and family in focus. Rather than focusing on only one specific need, developmental level, or event, e.g., the transition to school, service providers begin to see how their services fit into the total experience of the developing child and family.

Defining Continuity

In a discussion of a continuum of services for families with young children, Kagan (1992) has described two types of continuity -- horizontal continuity and vertical continuity:

- *Horizontal continuity* refers to the different settings in which a young child receives care and education at any point in time. For example, the child lives at home, plays in the neighborhood, may attend a local preschool, may receive health care at a nearby clinic, and may require special transportation services. During the course of a day or week, a child routinely moves or makes a *transition* from one care/education setting or service to another. Changes from setting to setting may be disjointed or connected, and thus, horizontal continuity may be low or high.

- *Vertical continuity* refers to the amount of linkage between care/education settings across time or development. For example, during infancy a child may be immunized by a county health agency and receive care in an infant care center. Later on the child may attend a nearby preschool and be seen for medical care at a local health clinic, and at school-age may attend the neighborhood school at which a school nurse coordinates basic health services. While growing older, the child must move or make transitions from various care/education settings to other care/education settings. Likewise, families must learn to relate to different services as their children grow. The various service settings that serve different age levels may have little or nothing to do with each other, or they may go as far to coordinate their activities. A high degree of vertical continuity means that services provided at a later point in development collaboratively build on services provided at an earlier time. As a result, rather than repeatedly having to adapt to new systems, families gain needed time to nurture and strengthen family members, both adults and children.

The concepts of horizontal and vertical continuity relate directly to the interplay of stability and change in the process of development. Major theories suggest that development is best facilitated when children are firmly grounded in their present stage of development or context, and appropriately challenged to move to the next stage or setting. In contrast, too much change, inappropriate expectations, or abrupt change may interfere with development. Thus, the task facing educators and other service providers is to offer a stable base to children and their families while creating connections between service settings when a transition or change is necessary. Providing children and families with continuity requires building bridges for the transitions they must naturally make, including the transition from an early childhood program to elementary school.

Designing a Continuum of Services

Both the horizontal and vertical components of continuity provide a framework for designing a continuum of services. From the point of view of horizontal continuity, a partnership among home, school, and community is centrally important. As partners working with the school and community, families know their child better than anyone else and are their child's most important advocate. Families give insight into their values, childrearing practices, and needs. Without their active participation, collaborative efforts are at best incomplete and often fail. Communities where the culture and perhaps language of the children's homes differs from the dominant culture pose an additional challenge. Cultural links for children and families as they transition from the home to the school and wider community allow families to participate fully in the collaboration, and prevent children from experiencing the potentially harmful effects of too much discontinuity as they move from one care/education setting to another.

From the perspective of vertical continuity, a continuum of early childhood services should be available during pregnancy and at birth and extend through eight years of age (and beyond for that matter). Ongoing services throughout early childhood mean that no one period of development receives attention to the exclusion of others. Of course, services for families with infants are critical. Early experience establishes the foundation for later functioning, especially in the social-emotional domain (*Heart Start*, 1992). But services should remain strong after infancy. They should build on the early care children receive and provide links for the various transitions that go hand in hand with early development.

In sum, current thinking on helping young children and families make the transition from early childhood service settings to school leads to an

expanded concept of transition, in particular as it relates to the continuity of care/education services. The focus widens to all aspects of the child and family's experience, the full span of development, and the various settings that can either support or impede development. Providing children and their families with continuity smoothes numerous transitions for them. Changes they must naturally make during early childhood, including entry into school, are appropriately challenging and less abrupt when strong links between care/education settings exist. To be maximally effective, a continuum of services must connect the home, school, and community in a partnership, and cover development from birth through age eight.

Identifying the Elements of Continuity

In drawing together information on continuity, the REL Early Childhood Collaboration Network aimed to develop a framework that keeps the whole child in focus, genuinely involves the family, and emphasizes both the horizontal and vertical aspects of continuity. Eight elements make up the framework that resulted from this effort. Specifically, *continuity is facilitated for children from birth through age eight by:*

1. Family, school, and community partners sharing leadership and responsibility for decision making.
2. A continuum of family-focused, comprehensive, integrated services.
3. Policies, programs, and practices that demonstrate the education, involvement, and empowerment of families.
4. Policies, programs, and practices which demonstrate a sensitivity to the culture and language of children and their families.
5. Communication among all adults who are responsible for the children's care and education.
6. A coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.
7. A developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.
8. Documentation and reporting of outcomes which are used to refine and/or expand linkages.

Although these elements may partially overlap with one another, each one defines a distinct dimension of a service continuum. All of them apply to policies, programs, and practices that support the collaborative efforts among home, school, and community partners to ensure continuity for children and their families.

Using the Elements, Indicators, and Levels of Practice

The continuity framework specifies elements of continuity, indicators under each element, and levels of practice for each indicator. The **elements** represent broad areas of concern that must be addressed to ensure continuity for young children and their families. The **indicators** are the building blocks of the elements. They describe what an element reflects in action or practice. The **levels of practice** describe the degree to which the indicators are implemented.

Level One descriptions identify practices that limit the implementation of continuity for young children and their families. Minimal and sometimes inappropriate practices are described.

Level Three descriptions identify practices that are sometimes or only partially effective in facilitating continuity.

Level Five descriptions identify practices that are clearly effective in facilitating continuity.

The descriptions of practice at levels 1, 3, and 5 along a five-point scale leave open the possibility that a practice may fit between levels 1 and 3 or 3 and 5.

The framework gives a picture of the multifaceted nature of implementing or facilitating continuity for young children and their families. It can be used to:

- Become better informed about various factors to consider when designing and linking early childhood and early elementary school services.
- Engage in self study and assess community needs, in particular, to identify gaps in services or potential linkages between care/education programs or services.
- Guide the planning or development of specific policies, programs, and practices that promote continuity for young children and their families.
- Assess progress as communities seek to implement a service continuum for young children and their families.

Every application of this framework fosters a comprehensive understanding of continuity and transition. Focusing on only one of the elements, for example, continuity of curriculum, instruction, and assessment, may improve the transition from preschool to school. However, the new setting may still present children with unnecessarily difficult adjustments. For transitions to go as smoothly as possible, attention must be paid to all eight elements of continuity. Only then will a community's collaborative effort to link services succeed in helping young children and their families experience change in a stable and nurturing context.

References

Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.E., & Weikart, D.P. (1984). *Changed lives: The effects of the Perry Preschool Program on youths through age 19.* Ypsilanti, MI: High/Scope Press.

Heart Start. (1992). Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.

Kagan, S.L. (1992). The strategic importance of linkages and the transition between early childhood programs and early elementary school. In *Sticking together: Strengthening linkages and the transition between early childhood education and early elementary school* (Summary of a National Policy Forum). Washington, DC: U.S. Department of Education.

Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact of an early intervention with low-income children and their families. In D. Powell (Ed.), *Parent education in early childhood intervention: Emerging directions in theory, research and practice.* Norwood, NJ: Ablex.

Lazar, I. & Darlington, R. (1982). Lasting effects of early education: A report from the Consortium for Longitudinal Studies. *Monographs of the Society for Research in Child Development, 45,* (203, Serial No. 195).

Continuity in Early Childhood: Elements and Indicators of Home, School, and Community Linkages

Elements of Continuity

The continuity framework can serve as a guide to facilitate continuity of comprehensive, integrated services for young children and their families. Partnership among the home, school, and community, not individuals providing separate services, is the mechanism that can facilitate continuity. Eight elements are identified in the Continuity Framework. Without attentions to all of the elements, the continuum of services will be incomplete.

Continuity for children from birth through age eight and their families is facilitated by:

1. Home, school, and community partners sharing leadership and responsibility for decision making.
2. A continuum of family-focused, comprehensive, and integrated services.
3. Policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.
4. Policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.
5. Ongoing communication among all adults who are responsible for children's care and education.
6. A coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.
7. Developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.
8. Documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

ELEMENT 1

SHARED LEADERSHIP AND DECISION MAKING

Continuity for children from birth through age eight and their families is facilitated by home, school, and community partners sharing leadership and responsibility for decision making.

ELEMENT 1 RATIONALE

SHARED LEADERSHIP AND DECISION MAKING

Continuity for children from birth through age eight and their families is facilitated by home, school, and community partners sharing leadership and responsibility for decision making.

Continuity for young children and their families is best accomplished by involving a broad-based group of partners who represent the home, school, and community and collaborate to achieve common goals. Broad-based representation helps the partners keep in touch with the local community's values, beliefs, history, needs, strengths, and aspirations. Involving participants who reflect the various perspectives in the community enables the home, school, and community partners to develop an appropriate and efficient system of response to local needs (Swan & Morgan, 1993; Decker & Decker, 1988).

Unlike the weaker connections between services formed by cooperation and coordination, collaboration clearly means that partners "establish common goals and agree to use their personal and institutional power to achieve them." (Melaville & Blank, 1993). Collaboration is defined by the National Assembly of National Voluntary Health and Social Welfare Organizations as:

"...the process by which several agencies or organizations make a formal, sustained commitment to work together to accomplish a common mission. Collaboration requires a commitment to participate in shared decision making and allocation of resources related to activities responding to mutually identified needs." (The Community Collaboration Manual, 1991, p. 1)

Kirst (1991) states that "Collaboration must be based on a community wide planning process that is locally generated and includes broad citizen involvement." Evidence from demonstration sites suggests that the planning process should include the following tasks:

Develop a shared vision with common goals. Melaville & Blank (1993) state that the vision statement "...provides a reason and rationale for joint action....the collaborative's view of what child and family outcomes should be." Determining goals through consensus building allows the partners to identify common concerns and test their flexibility and skill in resolving conflicting subgoals (Kagan, 1991). When goals are clear, attainable, and shared among all partners, the collaborative effort is more likely to succeed (Mattessich & Monsey, 1992).

Establish a leadership team. Effective collaborative efforts have formal and informal leadership teams that share responsibility for decisions and outcomes (Kagan, 1991; Melaville, Blank, Rivera, & Parker, 1991). The structure of leadership teams varies (e.g., task forces or governing boards) and usually remains flexible to allow for local needs and preferences (SEDL Insights, 1990). The leadership team should have the authority to implement changes and the respect to inspire others to change. Leaders must also be willing to share their authority. Melaville & Blank (1993) note that "Leaders from partner organizations may experience difficulty in sharing power, but collaboratives will fail unless partners willingly cultivate a new style of leadership--partnership among equals."

SHARED LEADERSHIP AND DECISION MAKING

Continuity for children from birth through age eight and their families is facilitated by home, school, and community partners sharing leadership and responsibility for decision making.

Indicator #1 A focus on children and families is reflected in the home, school, and community partners' vision and goals and guides all decisions made.

Indicator #2 Home, school, and community partners serve on the leadership team.

Indicator #3 The leadership team follows a decision-making process.

Indicator #4 The leadership team has authority through written policies to make decisions.

Indicator #5 The leadership team clearly understands its roles and has the needed skills to fulfill these roles.

SHARED LEADERSHIP AND DECISION MAKING

Continuity for children from birth through age eight and their families is facilitated by home, school, and community partners sharing leadership and responsibility for decision making.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. A focus on children and families is reflected in the home, school, and community partners' vision and goals and guides all decisions made.	A focus on children and families does not guide decisions. Vision and goals are not shared by all partners.	Institutional concerns shape vision and goals shared by partners. Home partners are responsible for focusing on children and families in the decision-making process.	A focus on children and families guides the vision & goals of partnership and is shared by all partners. This perspective is reflected in all decisions made by the partners.
2. Home, school, and community partners serve on the leadership team.	Administrators primarily comprise the leadership team. One or two parents serve on the team.	The leadership team represents families, direct service staff, and administrators; however, one or more partners are underrepresented.	The leadership team draws from all levels of authority and is representative of all partners. Parents comprise at least 50% of the team membership.
3. The leadership team follows a decision-making process.	The leadership team cooperates. No shared decisions are made.	The leadership team coordinates. Decisions are made by majority rule. Degree of implementation is left to individual partners.	The leadership team collaborates; it strives for consensus. All partners offer support and resources to implement group decisions.

SHARED LEADERSHIP AND DECISION MAKING

Continuity for children from birth through age eight and their families is facilitated by home, school, and community partners sharing leadership and responsibility for decision making.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
4. The leadership team has authority through written policies to make decisions.	No policies support the leadership team. No shared decisions are made; group shares information.	Written policies do not empower the leadership team to make binding decisions. The team makes decisions related to trivial or unimportant issues.	Written policies give the leadership team the authority to decide collaboratively major policy, program, and practice issues.
5. The leadership team clearly understands its roles and has the needed skills to fulfill these roles.	Roles are not clear; team members acquire skills on their own.	Roles are loosely defined; team receives limited training at the onset of its work together.	Roles are clearly defined; training is provided as needed throughout the tenure of team members; leadership development opportunities exist.

ELEMENT 2

COMPREHENSIVE AND INTEGRATED SERVICES FOR CHILDREN AND THEIR FAMILIES

Continuity for children from birth through age eight and their families is facilitated by a continuum of comprehensive, integrated services.

ELEMENT 2 RATIONALE

COMPREHENSIVE AND INTEGRATED SERVICES FOR CHILDREN AND THEIR FAMILIES

Continuity for children from birth through age eight and their families is facilitated by a continuum of comprehensive, integrated services.

Attainment of the first national education goal, "By the year 2000 all children in America will start school ready to learn," depends on meeting the physical, cognitive, and emotional needs of young children (National Education Goals Advisory Panel, 1991). Because a broad range of factors affects the healthy development of children from conception through age eight, early childhood services focused on children in isolation from their families are bound to have limited impact. Kadel (1992) states: "The problems which children can face are many and complex. In addressing these problems, consideration is rarely given to how they relate to one another, to the problems of other family members, or to the inherent limitations of the service delivery system which is meant to help children and their families." As educators, caregivers, and other service providers are seeking to address the first national goal, they are becoming increasingly aware of "the inherent limitations of the service delivery system" for young children and their families (Kadel, 1992).

An integrated system of comprehensive early childhood services addresses all aspects of the lives of children and their families. It cuts across the traditional boundaries of education, health, welfare, human services, mental health, employment, and related fields. Services are tailored to the needs of children and their families rather than shaped according to the priorities and capabilities of separate service agencies or programs. Services are also designed to be comprehensive, ensuring that particular children and families do not 'slip through the cracks' of the service network or remain outside of the service and support system entirely (Jewett, Conklin, Hagans, & Crohn, 1991).

Integrating services within a community requires major changes in the ways schools, early childhood programs, and community agencies have traditionally conducted business. Services that are linked into a coherent system relate to the family's needs as a whole rather than in a piecemeal way. Integrated systems often:

- provide a single point of access to services
- have common enrollment and record-keeping forms and procedures
- utilize a case management approach in working with families

Usually the family's input and preferences guide the development of service delivery plans. Bruner (1991) suggests that service providers should work together with each family to identify how their service can help the family achieve its goals.

Collegial arrangements that encourage the sharing of information and resources both within schools and other agencies, and between agencies strengthen the responsiveness of the entire service system. Such sharing also promotes efficient use of the service providers' time and resources (Melaville & Blank, 1993).

COMPREHENSIVE AND INTEGRATED SERVICES FOR CHILDREN AND THEIR FAMILIES

Continuity for children from birth through age eight and their families is facilitated by a continuum of comprehensive, integrated services.

Indicator #1 Written policies exist regarding the roles and responsibilities of preschools, schools, and other service providers in the provision of comprehensive and integrated services to children and their families.

Indicator #2 Comprehensive and integrated services are available for children and their families.

Indicator #3 Families are partners in planning the services that are designed to meet their individual needs.

Indicator #4 Preschool, school, and other service providers have internal systems which ensure that children and their families receive comprehensive and integrated services.

Indicator #5 Preschool, school, and other service providers collaborate to meet the comprehensive needs of children and their families.

COMPREHENSIVE AND INTEGRATED SERVICES FOR CHILDREN AND THEIR FAMILIES

Continuity for children from birth through age eight and their families is facilitated by a continuum of comprehensive, integrated services.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Written policies exist regarding the roles and responsibilities of preschools, schools, and other service providers in the provision of comprehensive and integrated services to children and families.	No written policies exist.	Some policies exist within individual organizations and agencies.	Formal agreements exist between and among all partners (families, preschools, schools, and other service providers) which provide a clear understanding of meeting family needs in a comprehensive & integrated way (e.g., memoranda of understanding, formal agreements).
2. Comprehensive and integrated services are available for children and their families.	Few, if any, services are available.	An incomplete array of services are available and services are not integrated.	All children and their families, including those with special needs, have an equal opportunity to receive appropriate levels of comprehensive & integrated services which address the needs of the whole child and family (i.e., there is no duplication and services support each other in a coordinated way).

COMPREHENSIVE AND INTEGRATED SERVICES FOR CHILDREN AND THEIR FAMILIES

Continuity for children from birth through age eight and their families is facilitated by a continuum of comprehensive, integrated services.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
3. Families are partners in planning the services that are required to meet their individual needs.	Families have little or no involvement in developing service plans for themselves or their children.	The input of families is not sought when developing plans. Families are asked to sit in on meetings where service plans are discussed.	Families are partners in planning and selecting services that are needed to meet their individual needs.
4. Preschool, school, and other service providers have internal systems which ensure that children and their families receive comprehensive and integrated services.	Staff within schools or agencies have little or no communication with each other in determining what services are available or that families receive.	Preschool, school, and other service providers independently find services which address family needs.	A system is in place for staff (preschool, school, and other service providers) to be aware of services that are available for families and to help families receive the needed assistance.
5. Preschool, school, and other service providers collaborate to meet the comprehensive needs of children and their families.	A system to identify needs of families and assure appropriate referrals and follow up is not present. Families deal with many different providers in order to get their needs met.	No fully integrated system of services exists. Preschool, school, and other service providers coordinate services with each other on an agency by agency basis in order to meet family needs.	A system is in place for comprehensive and integrated services that are provided to families by a "single point of entry." The system protects the confidentiality of the family.

ELEMENT 3

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

ELEMENT 3 RATIONALE

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents....A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. As family members, we nurture, protect, and influence each other. Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states, and nations.

New Mexico Task Force on Children, Youth, and Families, 1991

The term family, in contrast to parent, refers to the many different individuals or groups who today assume primary responsibility for nurturing children. Families are the main source of continuity in children's lives. They provide a needed anchor for young children. Yet, changes in society have meant that increasing numbers of families are facing a high level of stress, a sense of isolation, and serious economic hardship. The family's role in providing continuity is thus more challenging and perhaps more important than ever before.

Effective family support and education programs recognize the connections among the basic survival needs of families, the personal development of parents, and the developmental needs of children. Progress in each domain is linked to progress in the others (Weiss & Halpern, 1990). Approaches that attend to the interrelationships among these domains can build on family strengths and offer prevention and early intervention rather than exclusively focusing on remediation (Harvard Family Research Project, 1992).

The principal aim of family support and education programs is family empowerment. Respect for differences among families, their preferences, their language, and their aspirations should guide interactions and communication with them. Home, school, and community partners should build on the families' rich knowledge of their children and acknowledge the family as the primary decision maker in all efforts to provide family-focused, culturally sensitive educational programs and other services. These programs should help parents improve their own lives and thereby enhance the competence and confidence of families.

Kagan (1990) states that family support and education programs must be individualized, adaptive, and flexible. They must respect a family's values and schedules, and involve parents in egalitarian relationships to plan, implement, and evaluate educational and other services for the family.

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

Indicator #1 Families and service providers share information to ensure the optimal development of the child.

Indicator #2 Families participate in training and education to empower them as full partners in the development of their child and healthy functioning of their family.

Indicator #3 A system is in place that supports and facilitates the participation and active involvement of families in the programs, practices, and procedures that affect the care and education of their child.

Indicator #4 There is evidence that families are viewed as important partners in the care and education of their child. A climate exists that reflects mutual respect, trust, inclusion, and support among all partners.

"Work in progress" being developed by the Regional Educational Laboratories Early Childhood Collaboration Network. Fall, 1993.

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Families and service providers share information to ensure the optimal development of the child.	Little or no information is shared by or with families; families are not involved in the information sharing system.	Information sharing is one-way OR the parameters for the sharing are dictated by the school (e.g., space for limited statement on report card; parent/teacher conferences held twice a year; parents are told about child's strengths & weaknesses as they appear in the classroom but the parent is not provided adequate time or encouragement to share their own perceptions, opinions, or goals for their child).	Families are involved in the information sharing system. Families are encouraged to share information they feel is important to their child's social, developmental, physical, emotional, and educational development. Families receive information from schools about educational programs & the child's progress. Families receive information from the community about available resources and services.

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

2. There is a system in place that provides training and education to empower families to participate as full partners in the development of their child and healthy functioning of their family.	There is little or no training or educational programs offered to families that enables them to become equal partners in their child's development and family's functioning.	The school and/or community provide training and educational programs for families, but families play a limited role in participating and determining what these programs will be.	All families are viewed as important partners in the educational process. Families have opportunities for ongoing training, education, and support services. Families participate in determining the training, education programs, and services that will be offered.

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
3. A system is in place that supports and facilitates the participation and active involvement of families in the programs, practices, and procedures that affect the care and education of their child.	No plan exists for soliciting active family participation and involvement in the child's educational process.	Families are notified of upcoming activities & programs and are invited to participate in these activities, but there is no evidence of a plan that would promote active family participation.	Families are notified of upcoming activities & programs and play an important role in the planning and implementation of these activities. Family participation is apparent in all programs, practices, & procedures that affect the care and education of their child (e.g., school visitations, orientations, educational planning meetings, liaison programs, volunteer/ mentor programs).

EDUCATION, INVOLVEMENT, AND EMPOWERMENT OF FAMILIES

Continuity for children from birth through age eight and their families is facilitated by policies, practices, and programs that demonstrate the education, involvement, and empowerment of families.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
4. There is evidence that families are viewed as important partners in the care and education of their child. A climate exists that reflects mutual respect, trust, inclusion, and support among all partners.	There is little or no evidence that families are viewed and treated as partners in the development and implementation of the care and educational programs for their child.	Policies support a climate in which families are informed, respected and included in developing programs affecting the care and education of their child. However, practices and procedures do not necessarily reflect the implementation of these policies.	Policies, programs, and practices reflect an attitude of inclusion, respect, and value for all families. Family insights and opinions are solicited and taken into account during the development & implementation of the care & education programs (e.g., meetings are scheduled & held at times that accommodate all partners; all partners are aware of and sensitive to cultural, social, and educational needs of families; families are ensured school safety; families can access necessary support services).

ELEMENT 4

SENSITIVITY TO HOME CULTURE AND HOME LANGUAGE

Continuity for children from birth through age eight and their families is facilitated by policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.

ELEMENT 4 RATIONALE

SENSITIVITY TO HOME CULTURE AND HOME LANGUAGE

Continuity for children from birth through age eight and their families is facilitated by policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.

Continuity for young children and their families begins with the connections between the child's home and the care, educational, and other service settings in the surrounding community. The home culture and language create the background for all the social interaction and learning within the family. When children leave their home and enter into settings different from their home language and culture, they encounter unfamiliar frames of reference. This absence of shared meaning with caregivers or teachers may interfere with children's competent functioning in the new setting.

The frames of reference created by a child's language and culture go beyond the vocabulary and rituals of the home community. All aspects of daily life--belief systems, values, thinking, rules for behavior, and ways of knowing--stem from the child's language and culture. For example, some cultures value aesthetic considerations more than logical organization; some value benefits to the group more so than individual achievement. Children and families whose culture emphasizes the good of the group may be unappreciated or even viewed as uncooperative and disruptive when they enter educational programs that value and reward individual achievement and independence.

To provide continuity for young children and families from different language and culture backgrounds, home, school, and community partners must work to build a common understanding among staff about the power of language and culture. Many studies have documented the importance of social and cultural factors in the acquisition of language (Gutierrez & Garcia, 1989, Hakuta & Garcia, 1989; Tharp & Gallimore, 1988). Through the home language and culture, families nurture the development of their children.

To be effective, collaborative efforts should be designed to relate to the ways that families talk and work together, transmit knowledge, skills, and attitudes, and recognize success. In a review of research on the topic of language and culture in early development, Kagan and Garcia (1991) conclude: "Because language, intellectual, and social development are so closely linked, young children whose native language is present in the home, community, and early care settings will encourage more vocabulary, grammar, ideas, and concepts." Just as developmentally appropriate practice is important to the individual child, so is culturally appropriate practice.

As the home and school meet, differences will become clear. In response, steps must be taken by service providers to respect and support the home language and culture of young children and their families rather than stereotyping individuals or groups. In all settings, and especially in multicultural settings, constructive, open attitudes toward race, ethnicity, gender, disabilities, income status and other characteristics of children and families, not personal bias, should be the foundation for a continuum of services created by home, school, and community partnerships.

SENSITIVITY TO HOME CULTURE AND HOME LANGUAGE

Continuity for children from birth through age eight and their families is facilitated by policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.

Indicator #1 Policies promote the use of the child's home culture and home language .

Indicator #2 Child's use of home language is accepted and supported.

Indicator #3 Communications with families occur in culturally appropriate interactions and language.

Indicator #4 Through collaboration with families, home culture and home language is reflected in curricula, materials, and activities.

Indicator #5 The physical and social environments reflect attention to culturally appropriate classroom organization, interaction contexts, and learning styles.

Indicator #6 Staff development occurs with focus on:

- team building to cross racial differences
- awareness of cultural influences on interaction styles, learning styles, and gender expectations
- issues of cultural diversity that include majority and minority cultures
- integrating the home culture and the school culture

SENSITIVITY TO HOME CULTURE AND HOME LANGUAGE

Continuity for children from birth through age eight and their families is facilitated by policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Policies promote the use of the child's home culture and home language.	No policies support the use of child's home culture and home language OR policies discourage or disallow the use of child's home language and culture.	Some informal understanding supporting the use of the child's home culture and home language is in place.	Written policies support the use of the child's home culture and home language.
2. Child's use of home language is accepted and supported.	The child's use of home language is discouraged.	Instruction is primarily in English. The child's home language is used only when translating key concepts.	Instruction is primarily in the home language. English is introduced as a second language. When multiple languages are present, the child's home language is used to facilitate instruction.
3. Communications with families occur in culturally appropriate interactions and language.	All communication is in English and occurs in school-oriented contexts and interactions.	Communication is occasionally conducted in the family's language and may occur in home-oriented contexts & interactions.	All communication is conducted in the family's language and occurs in contexts that are comfortable for them.
4. Through collaboration with families, home culture and home language is reflected in curricula, materials, and activities.	There is no evidence of home culture and home language in the classroom or learning activities.	Home culture and home language is occasionally evident in the classroom or some learning activities.	Home culture and home language is integrated & visible in the curricula, materials, and activities on a continuous basis throughout the year.

SENSITIVITY TO HOME CULTURE AND HOME LANGUAGE

Continuity for children from birth through age eight and their families is facilitated by policies, programs, and practices that demonstrate sensitivity to the home culture and home language of children and their families.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
5. The physical and social environments reflect attention to culturally sensitive classroom organization, interaction contexts, and learning styles.	There is no evidence of cultural sensitivity in classroom organization, interactions, or learning styles in the classroom.	Culturally appropriate classroom organization, interactions, and learning styles are occasionally evident in the classroom.	Culturally appropriate classroom organization, interactions, and learning styles are integrated into the daily routine.
6. Staff development occurs with focus on: • team building to cross racial differences • awareness of cultures regarding interaction styles, learning styles, and gender expectations, • issues of cultural diversity that include majority and minority cultures. • integrating the home culture and the school culture.	The staff development program does not address issues of culture and language.	The staff development program occasionally offers sessions to home, school, and community partners addressing issues of culture and language.	The staff development program routinely offers sessions to home, school, and community partners addressing issues of culture and language.

ELEMENT 5

COMMUNICATION

Continuity for children from birth through age eight and their families is facilitated by ongoing communication among all adults who are responsible for the children's care and education.

ELEMENT 5 RATIONALE

COMMUNICATION

Continuity for children from birth through age eight and their families is facilitated by ongoing communication among all adults who are responsible for the children's care and education.

To provide continuity, early childhood programs and services must establish and maintain communication among the home, school, and community partners. Ongoing, open communication fosters the development of relationships among partners, and keeps services connected with one another. Communication among home, school, and community partners supports the development of a continuum of services for young children and their families by:

- Making accessible information to all partners that facilitates the assessment of child and family needs and planning for transitions they must make;
- Empowering all partners, including families, to voice their needs, concerns, and aspirations, and participate in making decisions;
- Creating a community wide understanding of the activities, philosophies, policies, and requirements of available services and programs; and
- Making possible joint planning and implementation of collaborative services and activities.

Communication is at the heart of family-centered programs that effectively meet the needs of children and their families (Swick, 1992; Epstein & Dauber, 1991; National Association of State Boards of Education, 1988).

Another important aspect of communication is smoothing transitions between services, for example, between child care and education programs. Early childhood and early elementary school teachers can visit each other's programs to gain insights and exchange information that will help them prepare children for a new setting. In addition, opening up communication by involving families with their children in visits to new settings strengthens the preparation for transitions (Kagan, 1990).

Communication that links schools with health and social service agencies is critical for continuity. In the past, school personnel have typically been involved with service providers only in times of crisis. Jehl and Kirst (1992) suggest that teachers and service providers need time to think, talk, and plan together so that they can support one another's efforts to meet the needs of young children and their families.

Finally, communication within programs and agencies is as important as communication between service settings. In a national study of continuity and transition practices, Love and Logue (1992) found that only twenty-nine percent of the schools surveyed had a unified curriculum across the primary grades. Communication across grade levels will help foster needed educational continuity for children in the primary grades.

COMMUNICATION

Continuity for children from birth through age eight and their families is facilitated by ongoing communication among all adults who are responsible for the children's care and education.

Indicator #1 Staff and families communicate about children's progress, activities, and upcoming changes in services or programs.

Indicator #2 Staff within programs who deal with same-age children discuss their work.

Indicator #3 All adults responsible for the care/education of children are familiar with each other's services, activities, and programs.

Indicator #4 Records of child and family needs and progress are regularly updated, accessible, and used by staff across service settings and programs.

Indicator #5 Families and staff familiarize children with new service settings or programs prior to changes and throughout the adjustment period.

Indicator #6 Families and staff jointly plan and implement activities to support children throughout movement from one service setting or program to another.

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COMMUNICATION

Continuity for children from birth through age eight and their families is facilitated by ongoing communication among all adults who are responsible for the children's care and education.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Staff and families communicate about children's progress, activities, and upcoming changes in services or programs.	Staff and parents seldom communicate except in an institutional or program-oriented capacity.	Staff and parents periodically communicate to share updates on children's progress.	Staff and families use a variety of means for ongoing communication with attention paid to the child's needs within the context of the families' needs and preferences.
2. Staff within age levels and programs discuss together their work with children.	Staff within service settings and programs never meet or interact.	Some staff within service settings and programs meet periodically to discuss their work with children.	Staff within service settings and programs meet regularly to maintain ongoing communication about their work with children.
3. All adults responsible for the care/education of children are familiar with each other's services, activities, and programs.	No visits of administrators, staff, or families occur across service settings or programs.	Administrators, staff, and/or families visit each other's service settings or programs occasionally.	All adults, responsible for the care/education of children, routinely visit one another's settings & are knowledgeable about each other's philosophy and scope of services.
4. Records of child and family needs and progress are regularly updated, accessible, and used by staff across service settings and programs.	Records are not accessible nor transferred from one program or service setting to another. Their use is limited to placement decisions.	Some relevant records are transferred; staff have limited access to them. Records are primarily used when problems arise.	A system exists to ensure ongoing documentation of child & family needs. All relevant records are transferred across programs & service settings and are used to ensure continuity of services.

COMMUNICATION

Continuity for children from birth through age eight and their families is facilitated by ongoing communication among all adults who are responsible for the children's care and education.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
5. Families and staff familiarize children with new service settings or programs prior to changes and throughout the adjustment period.	Children do not have the opportunity to visit the next setting nor meet any of the staff prior to changes. They do not have their questions answered by families or staff.	Children have only limited opportunity to visit the next setting and meet staff. They have some of their questions answered by families and staff.	Children have many opportunities to meet the new staff and visit the new program or setting prior to changes. They have ample opportunities to have their questions answered.
6. Families and staff jointly plan and implement activities to support children throughout movement from one service setting or program to another.	Families are not involved in planning and do not participate in activities to introduce children to new staff or visit the new program or setting.	Families are invited to meet new staff and visit the new program or setting with their children, but are not involved in planning these activities.	Families and staff work together to plan and implement visits & other activities to support children throughout changes in the care/education program or service setting.

ELEMENT 6

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

ELEMENT 6 RATIONALE

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

Collaborative early childhood services are only as effective as the families and the staff of the participating agencies. Just as agencies working together support growing children and their families, so should they support the continuing growth of the adults they employ. Continued personal and professional growth not only keeps staff in the profession and families as partners, it also can mean the difference between children learning and not learning (Arbuckle & Murray, 1989). To ensure continuity for young children and their families, all adults who are responsible for the care and education of children should jointly participate in every aspect of staff development, including planning and evaluation.

Joint staff development refers to opportunities for staff and families from different programs, for example, family child care providers, Head Start teachers, and kindergarten teachers to participate in learning activities together. Home, school, and community partners need information based on research and practice. They also need opportunities to network and share experiences with one another (Kagan, 1991). Joint staff development sessions that focus on real situations help participants deepen their appreciation of one another's perspective and concerns. Through learning together, partners begin to build relationships that foster collaboration (Bruner, 1991).

Effective joint staff development activities usually exhibit the following characteristics:

Joint planning. Participants are involved in setting goals, and designing and implementing the activities (Loucks-Horsley, 1989).

Inclusion. All partners fully participate in staff development. Relevant knowledge from research and practice is integrated with the knowledge and experience of the participants (Jones, 1986).

Time and Support. Participants are given ample time to learn and, as appropriate, change practices based on the learning experiences. The leadership of the collaborative effort constantly supports the learning and change process (Fullen, 1991).

In addition, staff development should be based on the principles of adult learning (Jones, 1986; Loucks-Horsley, 1989). Such approaches give participants opportunities to engage in active learning through discussion, joint problem solving, and hands-on experience with materials. Partners should be encouraged to explore their ideas creatively, experiment, and take risks.

Joint staff development both establishes a climate for collaboration and fosters professional and personal growth. It aims to help all partners gain the knowledge and skills necessary to create and maintain a collaborative effort and link services.

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

Indicator #1 Policies exist that support a coordinated approach to staff development for the home, school, and community partners.

Indicator #2 Home, school, and community partners jointly plan for staff development.

Indicator #3 Staff development occurs across age levels and includes all home, school, and community partners in an ongoing supportive manner.

Indicator #4 Staff development is based on principles of adult learning and aims to foster collaborative approaches.

Indicator #5 Staff development builds the partners' capability to facilitate continuity for children and their families.

Indicator #6 Home, school, and community partners jointly assess, on an ongoing basis, staff and organizational understanding and participation in transition activities.

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Policies exist that support a coordinated approach to staff development for the home, school, & community partners.	No policies exist.	Policies exist but only in some agencies and/or are vague in wording.	Coordinated policies exist across agencies that support ongoing staff development across age levels and among all home, school, and community partners.
2. Home, school, and community partners jointly plan for staff development.	No planning is done.	Planning is done by individuals or separately by agencies. Little if any input or feedback is sought from other partners during planning.	Planning is done jointly by representatives of all partners and feedback is used to guide the process. The focus is on supporting individuals, participating agencies, and the collaborative partnership.

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
3. Staff development occurs across age levels and includes all home, school, and community partners in an ongoing supportive manner.	No staff development occurs.	Staff development occurs independently at each level or agency. There is a lack of continuity and coordination across levels and/or agencies.	Joint staff development occurs in an ongoing manner across age levels and agencies.
4. Staff development is based on principles of adult learning and aims to foster collaborative approaches.	Workshops are given in lecture format with little or no opportunity for participants to contribute their ideas or learn cooperatively. No follow-up support is provided to workshop participants.	Workshops are given mostly in lecture format; participants have the opportunity to ask questions and make comments in a large group situation. Occasional follow-up support is provided to workshop participants.	Staff development sessions allow for active participation in a variety of learning experiences (e.g., small group discussions, hands-on experience with materials, collaborative problem solving, cooperative projects). Follow-up support is consistently provided to participants to help them make changes in practice and to work collaboratively.

JOINT STAFF DEVELOPMENT

Continuity for children from birth through age eight and their families is facilitated by a coordinated approach to staff development across agencies to enhance implementation of home, school, and community linkages.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
5. Staff development builds the partners' capability to facilitate continuity for children and their families.	Topics for training do not build on one another. One workshop has little or no relationship to the next one. Topics are sometimes relevant to HSC partners in general without reference to the specific issues currently faced by the partners.	Sometimes a series of related staff development sessions are offered and the training topics are usually related to issues currently faced by the HSC partners.	Training activities build on one another. Staff development activities focus on real issues and problems faced by the HSC partners. These activities are designed to enhance the partners' capability to facilitate continuity for children and their families.
6. Home, school, and community partners jointly assess, on an ongoing basis, staff and organizational understanding and participation in transition activities.	No assessment is done.	Assessment is done sporadically and/or separately by individuals or agencies. Little if any sharing of the results occurs.	Systemic assessment is planned, implemented and analyzed jointly by all partners. Results are shared with partners, decision makers, and the broader community.

ELEMENT 7

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

"Work in progress" being developed by the Regional Educational Laboratories Early Childhood Collaboration Network. Fall, 1993.

ELEMENT 7 RATIONALE

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

Since the National Association for the Education of Young Children issued its position statement on developmentally appropriate practice (Bredekamp, 1987), other national organizations, state departments of education, and local child care and education agencies throughout the United States have adopted this concept to judge the quality of early childhood and early primary school programs. Developmentally appropriate practice establishes the foundation for continuity of care and education in settings for children from birth through age eight.

The contours for the definition of developmentally appropriate practice come from research and practice. Developmental research has demonstrated that young children develop at different rates and learn through concrete experience with adults and other children and materials. These findings have led to the formulation of recommendations for making early childhood and early elementary school programs fit with the needs, capabilities, and interests of young children. These recommendations revolve around the following concepts:

(1) Expectations for young children should be in line with their developmental capabilities. For example, children learn when they are allowed to move freely rather than sitting still and passively listening for long periods of time.

(2) Programs for young children should be structured to accommodate children of varying abilities. Because of differences in rates of development, even children of the same age have different interests and needs.

(3) Children should be offered learning experiences that they find challenging but not overwhelming. They need opportunities to explore materials, solve problems, and experiment through trial and error.

(4) Children learn through making choices, being involved actively with people and things, and reflecting on their activity. They acquire knowledge best when the activities and materials in a care or educational setting are meaningful to them and relate to their everyday life experiences.

(5) A variety of experiences support the learning of young children. They need settings that offer them a rich variety of materials and plenty of opportunities for collaborative learning both with children of varying abilities (Katz et al., 1990; Gaustad, 1992) and with adults.

In essence, developmentally appropriate practice aims to strengthen the inclinations of young children to learn as opposed to setting children apart from others or giving them the message that they are less capable learners than their peers (Kamii, 1989).

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

Indicator #1	Children are provided with an age-appropriate care/educational program.
Indicator #2	Learning experiences are individualized, allowing children to work at their own developmental level.
Indicator #3	The learning environment is organized into well-defined activity areas which include accessible and developmentally appropriate materials.
Indicator #4	There is adequate time for child-initiated, hands-on activities and exploration in the context of cooperative, collaborative learning processes.
Indicator #5	The curriculum is integrated and learning activities are thematically relevant and meaningful.
Indicator #6	Children's progress is assessed through developmentally appropriate and culturally sensitive assessment practices.
Indicator #7	Curriculum, instruction, and assessment practices are aligned so that information from assessment is utilized to refine and implement curriculum and instructional strategies.
Indicator #8	Policies exist regarding appropriate child placement, groupings, and progression through groups/classes.
Indicator #9	Staff development opportunities support implementation of developmentally appropriate and culturally sensitive curriculum, instruction, and assessment practices.

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DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Children are provided with an age-appropriate care/educational program.	Children sit for long periods of time and passively listen to group instruction.	Children move about the room and explore materials that may be developmentally appropriate but do not engage or challenge the children.	Children explore a learning environment that is richly supplied with materials to manipulate and explore. Children are actively engaged in problem solving and learning.
2. Learning experiences are individualized, allowing children to work at their own developmental level.	All children in the class tend to do the same activities in the same way based on whole group instruction.	Sometimes children are given opportunities to work on individualized activities and other times children are expected to work on the same activity in the same way.	Children usually work individually or in small groups. Children have many opportunities to work in content areas in a personalized way.
3. The learning environment is organized into well-defined activity areas which include accessible and developmentally appropriate materials. 96	No activity areas are defined. Unrelated materials and activities occur in the same area at the same time. Many visible materials are not accessible for children's use.	There is limited division of space (e.g., 2 or 3 activity areas). Similar materials and activities are in the areas. Some materials are accessible for children's use.	The entire learning environment is organized into activity areas with appropriate, accessible materials. Areas offer activities & materials that are conceptually related. Activity in one area does not interfere with activity in other areas. 97

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
4. There is adequate time for child-initiated, hands-on activities and exploration in the context of cooperative, collaborative learning processes.	Adult-directed, whole group instruction and quiet, individual seat work predominate. Children have little opportunity to choose the activities in which they participate or work with each other.	Adult-directed activities predominate. Children spend time on their own or in groups, making some decisions about what they will do.	Children participate in whole & small group activities and have significant amount of time (e.g., 1/2 of the program day) to pursue their individual or collective interests through active exploration of self-selected materials and pursuits.
5. The curriculum is integrated and learning activities are thematically relevant and meaningful.	Curriculum content is covered according to academic content areas with separate times and activities devoted to math, reading, science, etc.	Adult-directed activities are occasionally devoted to topics or themes which allow children to learn and apply skills in an integrated way (e.g., studying "pumpkins" through exploration, writing, reading, graphing, and counting).	Adult-directed activities are mainly thematic, allowing children to learn and apply skills in an integrated way.

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
6. Children's progress is assessed through developmentally appropriate and culturally sensitive assessment practices.	The teacher uses standardized tests as the primary means of assessing children's progress.	The teacher uses a mixture of standardized tests and authentic assessment methods (e.g., observation, portfolios) to assess children's progress.	The teacher primarily uses authentic assessment practices (e.g., observation, portfolios) to document children's progress & provide data to guide personalized instruction. Children play an active role in documenting their progress & parents are included in assessment activities.
7. Curriculum, instruction, and assessment practices are aligned so that information from assessment is utilized to refine and implement curriculum and instructional strategies.	Assessment practices influence the development of curriculum rather than the curriculum being the basis for assessment practices. Tests do not have a meaningful relationship to children's learning experiences.	Assessment outcomes are examined and summarized during the year. Summaries are used to adapt curriculum plans to the class on a periodic basis.	Assessment practices are used on a regular basis to plan curriculum and instruction for groups and individuals. Teacher & child use assessment outcomes to identify and pursue new learning goals.

DEVELOPMENTALLY APPROPRIATE PRACTICE

Continuity for children from birth through age eight and their families is facilitated by developmentally appropriate and culturally sensitive curriculum, instruction, and assessment.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
8. Policies exist regarding appropriate child placement, groupings, and progression through groups/classes.	Retention or special placement of children in "transitional" or "developmental" classes is an accepted practice at the primary level. Children with various special needs are separated from other age-mates. Standardized tests or screening instruments are used to determine placements.	Small numbers of children are placed in special groups or retained in the primary grades.	Policies discourage retention or special placement of children at the primary grade level. Policies ensure that children progress in heterogeneous groupings and receive personalized instruction.
9. Staff development opportunities support implementation of developmentally appropriate curriculum, instruction, and assessment practices.	Professional education opportunities rarely address the topics of developmentally appropriate curriculum, instruction, or assessment.	Professional education opportunities address such topics occasionally and briefly. Little opportunity is provided for follow-up or applied practice.	Developmentally appropriate curriculum, instruction, and assessment practices are consistently and systematically addressed by staff. Staff have regular opportunities & incentives to study and apply findings of research, theory, & practice.

ELEMENT 8

EVALUATION

Continuity for children from birth through age eight and their families is facilitated by documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

ELEMENT 8 RATIONALE

EVALUATION

Continuity for children from birth through age eight and their families is facilitated by documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

Collaborative partnerships that offer a continuum of services to young children and their families commonly aim to: 1) foster the healthy growth and development of young children, and 2) strengthen families so that they can better meet every family member's needs and create nurturing environments for children. Evaluation can help home, school, and community partners judge whether their programs and services are working toward or meeting such goals.

Program evaluation is defined as the process of systematically identifying, collecting, analyzing, and reporting data to determine the quality of a program and how it can be improved (Sanders, 1992). Data collected for program evaluation can serve as a useful tool for collaborative decision making (Blalock, 1990).

Program evaluation efforts range from a formal, carefully designed approach to an informal one that depends on information gathered as part of providing services. Common to every program evaluation is the definition of criteria or yardsticks against which program effectiveness is measured. For example, participant ratings of joint staff development sessions may be one criterion used to judge whether those sessions are responsive to the needs of home, school, and community partners.

The evaluation of collaborative efforts to facilitate continuity for young children and their families should focus on the effectiveness of two major concerns:

Cooperative strategies. In working together, home, school, and community partners develop policies and procedures and organize services in ways that can strengthen or weaken the collaborative effort. The partners need to collect data that help them determine the effectiveness of the various organizational strategies they use (Blalock, 1990).

Services provided. The outcomes that result from collaboratively planned and implemented services indicate whether the partners are achieving their objectives. Outcomes related to providing continuity may include, for example, data on the immunization of children, the level of family involvement in different care or education programs, children's adjustment to a new care or educational setting, or children's educational progress.

Building an evaluation component into a collaborative effort helps home, school, and community partners continually clarify their objectives and understand both their accomplishments and shortcomings. Information from the evaluation can be used to fine tune services and program operations and to set priorities for action. It also aids in communicating about the collaborative services to key organizations such as government agencies and private foundations.

EVALUATION

Continuity for children from birth through age eight and their families is facilitated by documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

Indicator #1 Home, school, and community partners document processes, operations, and outcomes regarding continuity of services for children and families.

Indicator #2 Home, school, and community partners refine their efforts based on self-assessment and analyses of processes, operations and outcomes.

Indicator #3 Policies exist that support ongoing evaluation activities.

Indicator #4 Home, school, and community partners disseminate information about processes, operations, and outcomes to decision makers and the broader community.

Indicator #5 Home, school, and community partners participate in staff development on evaluating program processes, operations and outcomes.

EVALUATION

Continuity for children from birth through age eight and their families is facilitated by documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
1. Home, school, and community partners document processes, operations, and outcomes regarding continuity of services for children and families.	Home, school, and community partners do not keep records nor share any information about continuity of services.	Information is documented and shared informally on a periodic basis.	Home, school, and community partners document processes, operations, and outcomes regularly. A formal reporting procedure is in place and information is shared regularly.
2. Home, school, and community partners refine their efforts based on self-assessment and analysis of processes, operations and outcomes.	There is no process of self-assessment or evaluation.	Home, school, and community partners occasionally set aside time to discuss program needs. Few changes are made to their work plans.	Home, school, and community partners regularly conduct self-assessments and data analyses. Revisions to their work plans are made based on their findings.
3. Policies exist that support ongoing evaluation activities.	No policies exist to support evaluation activities.	The organizations with which individual partners are associated have policies that support evaluation activities.	The organizations with which individual partners are associated have policies that support *joint* evaluation activities.

EVALUATION

Continuity for children from birth through age eight and their families is facilitated by documentation and reporting of processes, operations, and outcomes that are used to refine and/or expand home, school, and community linkages.

INDICATOR	LEVEL 1	LEVEL 3	LEVEL 5
4. Home, school, and community partners disseminate information about process, operations, and outcomes to decision makers and the broader community.	Evaluation reports are not disseminated.	Evaluation reports are occasionally disseminated to decision makers and the broader community.	Evaluation reports are disseminated regularly to decision makers and the broader community. Follow-up meetings are conducted to gather feedback on the continuity of services for children and families.
5. Home, school, and community partners participate in staff development on evaluating program outcomes, processes, and operations.	No staff development is provided about evaluation activities.	Some staff development is provided about evaluation activities.	Staff development is provided to all partners to ensure a common understanding of evaluation activities.

REFERENCES

ELEMENT 1: Shared Leadership and Decision Making

Bamberger, R. (1991). *Developing leaders for restructuring schools: New habits of mind and heart.* Washington, D.C.: National Leadership Network and Institute for Educational Leadership.

Barth, R.S. (1990). *Improving schools from within: Teachers, parents, and principals can make a difference.* San Francisco: Jossey-Bass Publishers.

Bobo, K., Kendall, J., & Max, S. (1991). *Organizing for social change. A manual for activists in the 1990's.* Washington: Seven Locks Press.

Decker, L.E., & Decker V.A. (1988). *Home/school/community involvement.* Arlington, VA: American Association of School Administrators.

Fleming, D.S. *Skills summaries for shared leadership & decision making teams.* Andover, MA: The Regional Laboratory for Educational Improvement of the Northeast and Islands.

Fullan, M. (1993). *The new meaning of educational change.* New York: Teachers College Press.

Gardner, J.W. (1990). *On leadership.* New York: Free Press.

Jewett, J., Conklin, N., Hagans, R., & Crohn, L. (1991). Integration of education and human services project. Portland, OR: Northwest Regional Educational Laboratory.

Kadel, S. (1992). *Interagency collaboration: Improving the delivery of services to children and families.* Available from SouthEastern Regional Vision for Education, 345 S. Magnolia Dr. Suite D-23, Tallahassee, FL 32301.

Kagan, S.L. (1991). *United we stand: Collaboration for child care and early education services.* New York: Teachers College, Columbia University.

REFERENCES

ELEMENT 1: Shared Leadership and Decision Making (cont.)

Kirst, M.W. (1991). Improving Children's Services: Overcoming barriers, creating new opportunities. *Phi Delta Kappan, 72* (8), 615-618.

Kirst, M., & Jehl, J. (1992). Getting ready to provide school-linked services: What schools must do. *The Future of Children 2*(1), 95-106.

Kofodimos, J.R. (1991). *Teamwork at the top: The need for self-development, issues, and observations.* Raleigh, N.C.: Center for Creative Leadership.

Maeroff, G.I. (1993). *Team building for school change: Equipping teachers for new roles.* New York: Teachers College Press.

Maeroff, G.I. (1993). Team building for school reform. *The School Administrator* 44-47.

Maeroff, G.I. (1993). Building teams to rebuild schools. *Phi Delta Kappan, 74* (7), 512-519.

Mattessich, P., & Monsey, B. (1992). *Collaboration: What makes it work.* St. Paul, MN: Amherst H. Wilder Foundation.

Melaville, A., & Blank, M. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, D.C.: Institute for Educational Leadership.

National Assembly of National Voluntary Health and Social Welfare Organizations. (1991). *The Community Collaboration Manual.* Washington, D.C.: Author.

Payzant, T.W. (1992). New Beginnings in San Diego: Developing a strategy for interagency collaboration. Phi Delta Kappan, *74*(2), 139-146.

Swan, W.W., & Morgan, J.L. (1993). *Collaborating for comprehensive services for young children and their families: The local interagency coordinating council.* Baltimore: Paul H. Brooks Publishing Co. Section I: Foundations for Interagency Collaboration, 1-10.

REFERENCES

ELEMENT 2: Comprehensive and Integrated Services for Children and Their Families

Boyer, E.L. (1992). Ready to learn: A seven-step strategy. *Principal,* 13-15.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, D.C.: Education and Human Services Consortium.

Center for the Future of Children. (1992). *The future of children: School-linked services.* Los Altos, CA: The David and Lucile Packard Foundation.

Committee for Economic Development. (1991). *The unfinished agenda: A new vision for child development and education.* New York, NY: Author.

Dolan, L.J. (1992). *Models for integrating human services into the school.* Baltimore, MD: Center for Research on Effective Schooling for Disadvantaged Students, The Johns Hopkins University.

Gardner, S.L. (1992). Key issues in developing school-linked, integrated services. *The Future of Children, 2*(1), 85-94.

Giordano, A. (1992). Strengthening the home-school connection. *Principal,* 38-39.

Gutierrez, K., & Garcia, E. (1989). Academic literacy in linguistic minority children: The connections between language, cognition, and culture. *Early Child Development and Care, 51,* 109-126.

Hakuta, K., & Gracia, G. (1989). Bilingualism and education. *American Psychologist, 44,* 374-379.

Heath, S.B. (1982). Questioning at home and at school: A comparative study. In G.B. Splinder (Ed.), *Doing the ethnography of schooling: Educational anthropology in action* (102-131). New York: Holt, Rinehart, and Winston.

REFERENCES

ELEMENT 2: Comprehensive and Integrated Services for Children and Their Families (cont.)

Jewett, J., Conklin, N., Hagans, R., & Crohn, L. (1991). Integration of education and human services project. Portland, OR: Northwest Regional Educational Laboratory.

Kadel, S. (1992). *Interagency collaboration: Improving the delivery of services to children and families.* Available from SouthEastern Regional Vision for Education, 345 S. Magnolia Dr., Suite D-23, Tallahassee, FL 32301.

Kagan, S.L. (1991). *United we stand: Collaboration for child care and early education services.* New York, NY: Teacher's College Press.

Kagan, S.L., & Garcia, E.E. (1991). Educating culturally and linguistically diverse preschoolers: Moving the agenda. *Early Childhood Research Quarterly, 6,* 427-443.

Kirst, M., & Jehl, J. (1992). Getting ready to provide school-linked services: What schools must do. *The Future of Children, 2*(1), 95-106.

Koppick, J.E. & Kirst, M.W. (Eds.) (1993). Integrating services for children: Prospects and pitfalls. *Education and Urban Society, 25*(2) .

Kunesh, L.G., & Farley, J. (1993). *Collaboration: The prerequisite for school readiness and success.* Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.

Liontos, L.B. (1991). *Building relationships between schools and social services.* (Report NO. EDO-EA-91-8). Washington, D. C.: Office of Educational Research and Improvement. (ERIC Document Reproduction Service NO. ED339111).

Melaville, A. & Blank, M. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, D.C.: Institute for Educational Leadership.

REFERENCES

ELEMENT 2: Comprehensive and Integrated Services for Children and Their Families (cont.)

Melaville, A., Blank, M., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington, D.C.: U.S. Department of Education.

Michaels, S. (1981). Sharing time: Children's narrative styles and differential access to literacy. *Language in Society, 10*(3), 423-442.

Moore, D. & Littlejohn, W. (1992). Trends toward increased family-school collaboration. *Contemporary Education, 64*(1), 40-45.

National Association of State Boards of Education. (1988). *Right from the Start: The report of the NASBE Task Force on Early Childhood Education.* Washington, D.C.: Author.

National Association of State Boards of Education (1988). *Caring communities: Supporting young children and families.* Washington, D.C.: Author.

Nissani, H. & Garcia, W. (1992). *Family service workers: Facilitators of the integration of education and human services.* Portland, OR: Child, Family, and Community Program, Northwest Regional Educational Laboratory.

North Central Regional Educational Laboratory (NCREL). (1992). *Meeting children's needs.* (video and guidebook) Oak Brook, Illinois: Author.

North Central Regional Educational Laboratory (NCREL). (1992). *Interagency collaboration* (video and guidebook) Oak Brook, Illinois: Author.

Payzant, T.W. (1992). New Beginnings in San Diego: Developing a strategy for interagency collaboration. *Phi Delta Kappan, 74*(2), 139-146.

Rist, M.C. (1992). Putting services in one basket. *Executive Educator. 14*(4), 18-24.

REFERENCES

ELEMENT 2: Comprehensive and Integrated Services for Children and Their Families (cont.)

Schorr, L. (1988). *Within our reach: Breaking the cycle of disadvantage*. New York, NY: Doubleday.

Spiegel, D.L., Fitzgerald, J., & Cunningham. J.W. (1993). Parental perceptions of preschoolers' literacy development: Implications for home-school partnerships. *Young Children,* 74-79.

Sugarman, J. (1991). *Building early childhood systems*. Washington, D.C.: Child Welfare League of America.

The State University of New Jersey, Center for Community Education, School of Social Work. (ERIC Document Reproduction Service No. ED318929).

U.S. General Accounting Office. (1992). *Integrating human services, linking at-risk families with services more successful than system reform efforts*. Report to the Chairman, subcommittee on Children, Family, Drugs, and Alcoholism, Committee on Labor and Human Resources, U.S. Senate. Washington, D.C.: U.S.G.A.O.

Weiss, H., & Halpert, R. (1991). *Community-based family support and education programs: Something old or something new?* New York, NY: National Center for Children in Poverty, Columbia University.

Weissbourd, R. (1991). *Making the system work for poor children*. Cambridge, MA: Harvard University, Kennedy School of Government. (ERIC Document Reproduction Service No. ED342850).

ELEMENT 3: Education, Involvement, and Empowerment of Families

Center on Evaluation, Development, and Research. (1990). Parent involvement in the schools. *Phi Delta Kappa Hot Topic Series*. Bloomington, IN: Phi Delta Kappa.

Comer, J.P., & Haynes, N.M. (1991). Parent involvement in schools: An ecological approach. *The Elementary School Journal, 11,* 187-200.

REFERENCES

ELEMENT 3: Education, Involvement, and Empowerment of Families (cont.)

Dunst, C., Trivette, C., & Deal, A. (1988). *Enabling and empowering families.* Cambridge, MA: Brookline Books.

Gotta, E.E. (1989a). *Final report: HOPE, preschool to graduation: Contributions to parenting and school-family relations theory and practice.* Charleston, WV: Appalachia Educational Laboratory.

Gotta, E.E. (1989b). *Hope revisited: Preschool to graduation, reflections on parenting and school-family relations* (Occasional Paper 28). Charleston, WV: Appalachia Educational Laboratory.

Epstein, J. (1988). How do we improve programs for parent involvement? *Education Horizons.*

Heleen, O. (1992). Is your school family-friendly? *Principal* 5-8.

Henderson, A.T., Marburger, C.L., & Ooms, T. (1986). *Beyond the bake sale: An educator's guide to working with parents.* Columbia, MD: National Committee for Citizens in Education.

Hoffman, S. (Ed.). (1991). Educational partnerships: Home-school-community. *The Elementary School Journal, 91*(3).

Inger, M. (1993). Getting Hispanic parents involved. *The Education Digest. 32-34* ERIC Clearinghouse on Urban Education

Liontos, L.B. (1991). Involving the families of at-risk youth in the educational process. *Trends & Issues.* ERIC Clearinghouse on Educational Management.

McLaughlin, M.W., & Shields, P.M. (1987). Involving low-income parents in the schools: Role for policy? *Phi Delta Kappan, 68,* 156-160.

Perroncel, C.P. (1993, in print). *Parent involvement: An essential element for student success.* Charleston, WV: Appalachia Educational Laboratory.

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REFERENCES

ELEMENT 3: Education, Involvement, and Empowerment of Families (cont.)

Schurr, S.L. (1993). Proven ways to involve parents. *The Education Digest* 4-8.

Williams, D.L., & Chavkin, N.F. (1989). Essential elements of strong parent involvement programs: Seven elements are common to successful parent involvement programs. *Educational Leadership, 47*(2), 18-20.

Ziegler, S. (1987). *The effects of parent involvement on children's achievement: The significance of home/school links.* Toronto Board of Education. (ISBM-0-88881-193-4).

ELEMENT 4: Sensitivity to Home Culture and Home Language

Au, K.H. (1993). *Literacy instruction in multicultural settings.* Fort Worth, TX: Harcourt Brace Jovanovich College Publishers.

Au, K.H., & Mason, J.M. (1983). Cultural congruence in classroom participation structures: Achieving a balance of rights. *Discourse Processes, 6*(2), 145-67.

D'Amato, J. (1988). Acting: We cool, tha's why: Hawaiian children's resistance to teachers. *Elementary School Journal, 88*(5), 357-361.

Delgado-Gaitan, C. (1990). *Literacy for empowerment: The role of parents in children's education.* Bristol, PA: Palmer Press.

Erickson, F., & Mohatt, G. (1982). Cultural organization of participation structures in two classrooms of Indian students. In G.B. Splinder (Ed.), *Doing the ethnography of schooling: Educational anthropology in action* (132-174). New York: Holt, Rinehart, and Winston.

Heath, S.B. (1982). Questioning at home and at school: A comparative study. In G.B. Splinder (Ed.), *Doing the ethnography of schooling: Educational anthropology in action* (102-131). New York: Holt, Rinehart, and Winston.

REFERENCES

ELEMENT 4: Sensitivity to Home Culture and Home Language (cont.)

Kagan, S.L., & Garcia, E.E. (1991). Educating culturally and linguistically diverse preschoolers: Moving the agenda. *Early Childhood Research Quarterly, 6,* 427-443.

Gutierrez, K., & Garcia, E. (1989). Academic literacy in linguistic minority children: The connections between language, cognition, and culture. *Early Child Development and Care, 51,* 109-126.

Hakuta, K., & Garcia, G. (1989). Bilingualism and education. *American Psychologist, 44,* 374-379.

Heath, S.B. (1983). *Ways with words: Language, life, and work in communities and classrooms.* Cambridge, MA: Cambridge University Press.

Michaels, S. (1981). Sharing time: Children's narrative styles and differential access to literacy. *Language in Society, 10*(3), 423-442.

Philips, S. (1972). Participation structures and communicative competence: Warm springs children community and classroom. In C. Cazden, V. John, and D. Hymes (Eds.), *Functions of language in the classroom.* New York: Teachers College Press.

Ploumis-Devick, E. (1992). *Appreciating differences: Teaching and Learning in a culturally diverse classroom.* SERVE.

Taylor, D. (1983). *Family literacy: Young children learning to read and write.* Portsmouth, NH: Heinemann.

Taylor, D., & Dorsey-Gaines C. (1988). *Growing up literate: Learning from inner-city families.* Portsmouth, NH: Heinemann.

Teale, W. H. (1986). Home background and young children's literacy development.. In W.S. Teale & E. Sulzby (eds). *Emergent literacy: Writing and reading.* Norwood, NJ: Ablex, 173-206.

Tharp, R., & Galimore, R. (1988). *Rousing minds to life: Teaching, learning, and schooling in social contexts.* New York: Cambridge University Press.

REFERENCES

ELEMENT 4: Sensitivity to Home Culture and Home Language (cont.)

Wong Filmore, L.W. (1990). Now or later? Issues related to the early education of minority-group children. *Early childhood and family education: Analysis and recommendations of the Council of Chief State School Officers.* Orlando, FL: Harcourt Brace Jovanovich.

Wong Filmore, L.W. (1991). When learning a second language means losing the first. *Early Childhood Research Quarterly, 6,* 323-346.

ELEMENT 5: Communication

Correll, C. (1992). Community collaboration to support at-risk students. *Contemporary Education, 64,*1), 49-51.

Kagan, S.L. (1990). *Excellence in early childhood education: Defining characteristics and next decade strategies.* Washington, D.C: U.S. Department of Education, Office for Educational Research and Improvement.

Kagan, S.L. (1991). *Coming together: Linking services for young children and their families.* New Haven, CT: Yale University.

Kagan, S.L. (1992). Ready or not! Collaboration is fulcrum on which readiness goal rests. *The School Administrator.*

Kirst, M., & Jehl, J. (1992). Getting ready to provide school-linked services: What schools must do. *The Future of Children 2*(1), 95-106.

Levy, J. E., Kagan, S. L., & Copple, C. (1992). *Are we ready? Collaboration to support young children and their families.* Joining Forces, Washington, D.C: APWA & CCSSO.

Logue, M.E., & Love, J.M. (1992). Making the transition to kindergarten. *Principal,* 10-12.

REFERENCES

ELEMENT 5: Communication (cont.)

Love, J. M. (1992). *Transition to kindergarten in American schools.* Portsmouth, NH: RMC Research Corporation.

National Association of State Boards of Education. (1988). Right from the start: The report of the NASBE task force on early childhood education. Washington, D.C.: Author.

Nissani, H., & Hagans, R. (1992). *The power of integrating education and human services: Achieving the potential of the Northwest.* Portland, OR: Child, Family, and Community Programs, Northwest Regional Educational Laboratory.

Powell, D. (1989). Families and early childhood programs. Washington, D.C.: National Association for the Education of Young Children.

Swick, K. J. (1992). *Teacher-parent partnerships.* Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education.

U. S. Department of Education and U. S. Department of Health and Human Services. (1990). *Developing an action plan for partnerships between Head Start and Public Schools.* Washington, D.C.: U. S. Department of Health and Human Services.

Vann, A.S. (1992). Ten ways to improve principal-parent communication. *Principal,* 30-31.

REFERENCES

ELEMENT 6: Joint Staff Development

Arbuckle, M., & Murray, L.B. (1989). *Building systems for professional growth: An action guide.* Andover, MA: The Regional Laboratory for Educational Improvement of the Northeast and Islands.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, D.C.: The Education and Human Services Consortium.

Duke, D.L. (1993). How a staff development plan can rescue at-risk students. *Educational Leadership, 50*(4), 28-33.

Fullen, M. (1991). *The new meaning of educational change.* New York: College Press.

Jones, E. (1986). Teaching adults: An active learning approach. Washington, D.C.: National Association for the Education of Young Children.

Kagan, S.L. (1991). *United we stand: Collaboration for child care and early childhood services.* New York: Teachers College Press.

Loucks-Horsley, S., et al. (1987). *Continuing to learn: A guidebook for teacher development.* Andover, MA: The Regional Laboratory for Educational Improvement of the Northeast and Islands.

National Center for Family Literacy. (1993). Underlying principles of NCFL's family literacy staff development opportunities.

Sparks, D. (1992). The keys to effective staff development. *Principal* 43-44.

REFERENCES

ELEMENT 7: Developmentally Appropriate Practice

American Association of School Administrators. (1992). *The nongraded primary: Making schools fit children*. Arlington, VA: Author.

Appalachia Educational Laboratory & Kentucky Education Association. (1991). *Ungraded primary programs: Steps toward developmentally appropriate instruction*. Charleston, WV: Authors.

Arter, J. A. (1990). *Portfolios in instruction and assessment*. Portland, OR: Evaluation and Assessment Program, Northwest Regional Educational Laboratory.

Baratta-Lorton, M. (1976). *Math their way*. Menlo Park, CA: Addison Wesley.

Barbour, N. & Seefeldt, C. (1993). *Developmental continuity across preschool and primary grades: Implications for teachers*. Wheaton, MD: Association for Childhood Education International.

Bernard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. Portland, OR: Western Regional Center for Drug-Free schools and Communities, Northwest Regional Educational Laboratory.

Berry, C. and Mindes, G. (1993). *Planning a theme-based curriculum*. Glenview, IL: Good Year Books.

Bredekamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. Washington, DC: National Association for the Education of Young Children.

California Department of Education. (1992). *It's elementary*. Sacramento, CA: Author.

Connecticut State Department of Education. (1990). *The teacher's ongoing role in creating a developmentally appropriate early childhood education program*. Hartford, CT: Connecticut State Department of Education.

Day, B., et al. (1992). The education and care of young children: Report of the ASCD Early Childhood Consortium. Alexandria, VA: Association for Supervision and Curriculum Development.

Duckworth, E. (1987). *The having of wonderful ideas*. New York: Teachers College Press.

REFERENCES

ELEMENT 7: Developmentally Appropriate Practice (cont.)

Fillmore, L.W. (1990). Language and cultural issues in the early education of language minority children. In S.L. Kagan (Ed.), *The care and education of America's young children: Obstacles and opportunities* (pp. 30-47). The 90th Yearbook of the National Society for the Study of Education.

Fosnot, C. (1989). *Enquiring teachers, enquiring learners: A constructivist approach for teaching*. New York: Teachers College Press.

Gaustad, J. (1992). Nongraded education: Mixed-age, integrated and developmentally appropriate education for primary children. *Oregon School Study Council, 35*(8).

Gaustad, J. (1992). Making the transition from graded to nongraded primary education. *Oregon School Study Council, 35*(8).

Good, L.A. (1993). Kindergarten report cards: The new look. *Principal,* 22-24.

Hirsch, E.S. (Ed.) (1984). *The block book*. Washington, D.C.: National Association for the Education of Young Children.

Hohmann, M. (1983). *A study guide to young children in action*. Ypsilanti, MI: High Scope Press.

Jewett, J. (1991). *School-based early childhood centers*. Portland, OR: Northwest Regional Educational Laboratory.

Jewett, J. (1992) *Effective strategies for school-based early childhood centers*. Portland, OR: Northwest Regional Educational Lab.

Kamii, C., & Joseph. L. (1989). *Young children continue to reinvent arithmetic: Second Grade*. New York: Teachers College Press.

Kamii, C. (1989). *Achievement testing in the early grades: The games grown-ups play*. Washington, D.C.: National Association for the Education of Young Children.

Kamii, C., & DeClark, S. (1985). *Young children reinvent arithmetic: Implications of Piaget's theory*. New York: Teachers College Press.

REFERENCES

ELEMENT 7: Developmentally Appropriate Practice (cont.)

Katz, L., et al. (1990). *The case for mixed-age grouping in early childhood*. Washington, D.C.: National Association for the Education of Young Children.

Kostnelnik, M. J. (1992). Myths associated with developmentally appropriate programs. *Young Children, 47*(4), 17-23.

Math in the Mind's Eye. Salem, OR: Math Learning Center Materials.

Meisels, S., & Steele, D. (1991). *The early childhood portfolio collection process*. Center for Human Growth and Development. Ann Arbor, MI: University of Michigan.

Meisels, S. J. (1993). The work sampling system: An authentic performance assessment. *Principal, 5-7.*

National Association for the Education of Young Children. (1988). *Position statement on standardized testing of young children 3 through 8 years of age*. Washington, D.C.: Author.

Nebraska Council of School Administrators. (1993). *Reconstructing the primary years* (video and guidebook). Lincoln, NE: Authors.

North Central Regional Educational Laboratory (NCREL). (1992). *Meeting children's needs*. (video and guidebook) Oak Brook, IL: Author.

North Central Regional Educational Laboratory and Evanston Community Television (ECTV). (1993). *Research and practice: A view inside strategic classrooms: Program I The elementary years* (video and guidebook). Oak Brook, IL: Author.

Ohio Department of Education. (1991). *The Ohio early childhood curriculum guide*. Columbus, OH: Author.

Our Primary Program: Taking the Pulse. (1990). Province of British Columbia, Ministry of Education.

142

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REFERENCES

ELEMENT 7: Developmentally Appropriate Practice (cont.)

Primary Program Resource Document. (1990). Province of British Columbia, Ministry of Education.

Primary Program Foundation Document. (1991). Province of British Columbia, Ministry of Education.

Readiness: Children and their schools (1992). *The ERIC Review, 2*(1). U.S. Department of Education Office of Educational Research and Improvement.

Schweinhart, L. J., & Hohmann, C. F. (1992). The High/Scope K-3 curriculum: A new approach. *Principal,* 16-19.

Servereide, R., & Moilanen, C. (May, 1991). *The Self-Study Project: Supporting implementation of developmentally appropriate practice prekindergarten through second grade*. Portland, OR: Portland Public Schools.

Southern Association on Children Under Six. (1991). *The portfolio and its use: Developmentally appropriate assessment of Young children*. Little Rock, AR: Author.

Vartuli, S., & Fyfe, B. (1993). *Teachers need developmentally appropriate practices too. Young Children,* 36-42.

Wasserman, S. (1990). *Serious players in the primary grades*. New York: Teachers College Press.

ELEMENT 8: Evaluation

Alaska State Department of Education, et al. (1991). *Early childhood program self-assessment for preK - grade three programs* (Draft). Juneau, AK: Author.

Blalock, A.B. (Ed.). (1990). *Evaluating social programs at the state and local level*. Kalamazoo, MI: WE Upjohn Institute for Employment Research.

144

Cortez, A. (1992). Site-based decision-making (SBDM): Implications for evaluation. *Intercultural Development Research Association Newsletter, 19*(8), 1-3.

145

REFERENCES

ELEMENT 8: Evaluation (cont.)

Gomby, D.S., & Larson, C.S. (1992). Evaluation of school-linked services. *The Future of Children, 2*(1), 68-84.

Jewett, J., & Katzev, A. (Unpublished manuscript). *Defining and assessing family outcomes.* Portland, OR: Northwest Regional Educational Laboratory.

Melaville, A., Blank, M., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington, D.C.: U.S. Department of Education.

National Association of Elementary School Principals. (1990). *Early childhood education and the elementary school principal: Standards for quality programs for young children.* Alexandria, VA: Author.

National Center for Clinical Infant Programs. (1987). *Charting Change in Infants, Families, and Services.* Washington, D.C.: Author.

Northwest Regional Educational Laboratory. (1990). *Effective schooling practices: A research synthesis.* Portland, OR: Author.

Owens, T., & Evans, W. (1977). *Program evaluation skills for busy administrators.* Portland, OR: Northwest Regional Educational Laboratory.

Rivest, M., & Yuan, Y.Y.T. (1990). *Preserving families: Evaluation resources for practitioners and policy makers.* Newbury Park, CA: Sage Publications.

Sanders, J.R. (1992). *Evaluating school programs: An educator's guide.* Newbury Park, CA: Corwin Press.

Seitz, V. (1987). Outcome of evaluation of family support programs: Research design alternatives to true experiments. In Kagan, S.L., et al. (Eds.), America's Family Support Programs (pp. 329-344). New Haven, CT: Yale University Press.

Weiss, H.B., & Jacobs, F.H. (1988). *Evaluating family programs.* Hawthorne, NY: Aldine De Gruyter.

Whitmore, E. (1991). Evaluation and empowerment: It's the process that counts. *Empowerment and Family Support Bulletin, 2*(2).